

**The American Ambassador's  
Self-Help Program for the  
President's Emergency Plan for AIDS  
Relief (PEPFAR)**

Please Attach Pass-  
size photo here.

Please complete application fully, attach pro-forma invoices for all items requested, and return to:

Special Self-Help Program  
U.S. Embassy  
P.O. Box 194  
Accra

**All information will be verified**

**1. Full Name and Address of Organization Applying:**

Contact Person: .....

Town, District, Region Where Project is Located: .....

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**2. How can we contact you or your organization in an emergency?** (Ex: telephone number and Post box. Please provide name of establishment and telephone number)

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**3. Background, Membership, and Objectives of the Organization:**

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**4. List the organization's past and present programs and how they have improved the lives of people living with HIV/AIDs or women and children at high risk of HIV infection.**

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**5. Type of project for which you are seeking U.S. Embassy assistance, e.g. income generation facility, skills training, etc. Applicants may submit a request that includes more than one type of support.**

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**6. If proposal includes request for support for an income generating project:**

a) what type of income generation, (e.g.: small-scale agriculture such as growing vegetables for the family and market; animal breeding; soap production; cooking oil extraction; handicrafts)?

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b) How much income do you expect it to generate annually and how will the income be distributed?

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**7. If the project proposal includes request for training:**

a) What type of training is needed?.....

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b) How many people will be trained and how do you expect to apply the training once completed?

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**8. If the project proposal includes support for construction of structure, include specification of size and structure,** for example: *6' x 8' room, poured concrete with aluminum roofing sheets*. What exactly will funds are used for? Include sketches or drawings of any buildings. They do not need to be formal blueprints. If funding will be used for part of a building, indicate clearly what part of the building. Provide estimate of the total number of people who will benefit directly from the project. Be specific. (Example: 10 members of group trained to ...; 40 Orphans and vulnerable children have access to ...)

**9. Please provide information on the cost of the project:**

Community contribution:

U.S. Embassy contribution:

Other contributions:

Total project cost...

You must provide pro forma invoices for all items listed. Make sure the amount requested equals the total cost of the pro forma invoices. Prices will be verified.

**11. For this proposed project, what activities have been undertaken already?** (Example: foundation laid, walls built, funds raised, educational materials purchased) When were these activities started?

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**12. Give the approximate time it will take to complete the project once funds are granted.**

Explain how much work needs to be done and how long it will take (Include your work plan and time line).

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**13. Give details of contributions to be made by the community/group:** *(for example: 300 hours of volunteer labor per week, 500,000 cedis, 50 bags of cement, etc.)*

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**14. Who will be the project leader and the person responsible for ensuring completion of the project? What are his/her qualifications for the project?**

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**15. When completed, will the project need any professional or technically trained people to ensure continued benefit to the community?** If so, please list them and indicate how you will arrange to employ them.

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**16. Will records be kept for at least three years and be made available for inspection?**

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**17. Will a representative of the American Embassy be permitted to observe and evaluate the progress of the project?**

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**18. Will receipts for all funds received be submitted to the Embassy?**

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**19. What role, if any, will the government of Ghana play in this project? (Letter from District and or Regional HIV/AIDS focal person is needed.**

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**20. Have you applied to other embassies or donor organizations for assistance with this project? If so, please list them and give the results of your application.**

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**21. How did you learn of the Self-Help Program for PEPFAR?**

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**22. Please provide a map or directions in order to assist us in locating your project.**

*I certify that all information contained in this form is correct to the best of my knowledge. Any attempt to provide false information shall result in the disqualification of this application.*

**Important: The person completing this form must attach a passport-size photograph to the first page in the space indicated. The application will not be considered without a photograph.**

Printed Name of Person Completing Form.....

Signature: ..... Date:

*All information will be verified*